



**TENNESSEE DEPARTMENT OF HEALTH
JOINT ANNUAL REPORT OF AMBULATORY SURGICAL TREATMENT CENTERS
2006**

Schedule A - Identification			
Items which appear to be inconsistent will be queried. The Board of Licensure will be notified of failure to file forms and submission of incomplete forms. Please read all information carefully before completing your Joint Annual Report form. Some changes have been made to improve the form and increase the value of the collected data.			
Facility	Name		
	Street		
	City	County	
	State	Zip Code	
	Phone Number (include area code)		
	Administrator		
Preparer			
Reporting Period	July 1, 2005 through June 30, 2006 (All facilities are requested to report based on this twelve month period.)		

Schedule B - Accreditation/Certification			
Certifications (check all that apply)	<input type="checkbox"/> TennCare	Provider Number	
	<input type="checkbox"/> Medicare	Provider Number	
Accreditation	<input type="checkbox"/> Joint Commission on Accreditation of Healthcare Organizations		

Schedule C - Classification			
Classification (check one)	Choose the classification that best describes the facility.		
	<input type="checkbox"/> Surgical Clinic	<input type="checkbox"/> EENT Clinic	<input type="checkbox"/> Maternity Clinic
	<input type="checkbox"/> Abortion Clinic	<input type="checkbox"/> Dental Clinic	<input type="checkbox"/> Plastic Surgery
	<input type="checkbox"/> Other - Specify:		
Type of Facility (check one)		<input type="checkbox"/> Free Standing	<input type="checkbox"/> Hospital Based
Type of Program (check one)		<input type="checkbox"/> Multi Specialty	<input type="checkbox"/> Limited-Purpose

Schedule D - Availability and Utilization of Services

Record zero where appropriate. Leave the item blank if the value is unknown. Check all computations where a total is required.

Type of Rooms	Number of Rooms on the last day of the reporting period																																							
	Operating Rooms																																							
	Procedure Rooms																																							
	Birth Rooms																																							
Type of Service	The same patient may receive several of the services listed below, therefore a patient may be included in the total more than once.																																							
	Service (check all that apply)	<table border="1"> <thead> <tr> <th>Number of Patients</th> <th>Number of Procedures</th> </tr> <tr> <th colspan="2">During This Reporting Period</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Abortion</td><td></td></tr> <tr><td><input type="checkbox"/> Acupuncture</td><td></td></tr> <tr><td><input type="checkbox"/> Endoscopy</td><td></td></tr> <tr><td><input type="checkbox"/> General Surgery</td><td></td></tr> <tr><td><input type="checkbox"/> Gynecology</td><td></td></tr> <tr><td><input type="checkbox"/> Obstetrics</td><td></td></tr> <tr><td><input type="checkbox"/> Ophthalmology</td><td></td></tr> <tr><td><input type="checkbox"/> Oral Surgery</td><td></td></tr> <tr><td><input type="checkbox"/> Orthopedics</td><td></td></tr> <tr><td><input type="checkbox"/> Otolaryngology</td><td></td></tr> <tr><td><input type="checkbox"/> Plastic Surgery</td><td></td></tr> <tr><td><input type="checkbox"/> Podiatry</td><td></td></tr> <tr><td><input type="checkbox"/> Urology</td><td></td></tr> <tr><td><input type="checkbox"/> Other - Specify:</td><td></td></tr> <tr><td><input type="checkbox"/> Other - Specify:</td><td></td></tr> <tr><td><input type="checkbox"/> Other - Specify:</td><td></td></tr> <tr><td colspan="2">Total (Total may be more than Total Unduplicated Patients below.)</td></tr> </tbody> </table>	Number of Patients	Number of Procedures	During This Reporting Period		<input type="checkbox"/> Abortion		<input type="checkbox"/> Acupuncture		<input type="checkbox"/> Endoscopy		<input type="checkbox"/> General Surgery		<input type="checkbox"/> Gynecology		<input type="checkbox"/> Obstetrics		<input type="checkbox"/> Ophthalmology		<input type="checkbox"/> Oral Surgery		<input type="checkbox"/> Orthopedics		<input type="checkbox"/> Otolaryngology		<input type="checkbox"/> Plastic Surgery		<input type="checkbox"/> Podiatry		<input type="checkbox"/> Urology		<input type="checkbox"/> Other - Specify:		<input type="checkbox"/> Other - Specify:		<input type="checkbox"/> Other - Specify:		Total (Total may be more than Total Unduplicated Patients below.)	
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Total Number of Procedures																																								
Total Number of Admissions/Discharges																																								
Total Unduplicated Patients (The number of individual patients served during the reporting period. May be less than Schedule D Total by Service above and, should agree with Schedule E, Total Tennessee resident and non-Tennessee resident patients)																																								
Total Patients Transferred to a Hospital for Admission																																								
Average Number of Patients in Overnight Observation setting per month																																								

Schedule E - Patient Characteristics

Record zero where appropriate. Leave the item blank if the value is unknown.

Patients Served During This Reporting Period	Age	Female	Male	Total Patients
	17 and under			
	18 - 64			
	65 - 84			
	85 and older			
	Total Patients			

Patient Residence, Tennessee Counties	Please check the name of the Tennessee county of residence and record the number of patients from that county who received services during this reporting period.				
County	Number of Patients	County	Number of Patients	County	Number of Patients
<input type="checkbox"/> 1 Anderson		<input type="checkbox"/> 33 Hamilton		<input type="checkbox"/> 65 Morgan	
<input type="checkbox"/> 2 Bedford		<input type="checkbox"/> 34 Hancock		<input type="checkbox"/> 66 Obion	
<input type="checkbox"/> 3 Benton		<input type="checkbox"/> 35 Hardeman		<input type="checkbox"/> 67 Overton	
<input type="checkbox"/> 4 Bledsoe		<input type="checkbox"/> 36 Hardin		<input type="checkbox"/> 68 Perry	
<input type="checkbox"/> 5 Blount		<input type="checkbox"/> 37 Hawkins		<input type="checkbox"/> 69 Pickett	
<input type="checkbox"/> 6 Bradley		<input type="checkbox"/> 38 Haywood		<input type="checkbox"/> 70 Polk	
<input type="checkbox"/> 7 Campbell		<input type="checkbox"/> 39 Henderson		<input type="checkbox"/> 71 Putnam	
<input type="checkbox"/> 8 Cannon		<input type="checkbox"/> 40 Henry		<input type="checkbox"/> 72 Rhea	
<input type="checkbox"/> 9 Carroll		<input type="checkbox"/> 41 Hickman		<input type="checkbox"/> 73 Roane	
<input type="checkbox"/> 10 Carter		<input type="checkbox"/> 42 Houston		<input type="checkbox"/> 74 Robertson	
<input type="checkbox"/> 11 Cheatham		<input type="checkbox"/> 43 Humphreys		<input type="checkbox"/> 75 Rutherford	
<input type="checkbox"/> 12 Chester		<input type="checkbox"/> 44 Jackson		<input type="checkbox"/> 76 Scott	
<input type="checkbox"/> 13 Claiborne		<input type="checkbox"/> 45 Jefferson		<input type="checkbox"/> 77 Sequatchie	
<input type="checkbox"/> 14 Clay		<input type="checkbox"/> 46 Johnson		<input type="checkbox"/> 78 Sevier	
<input type="checkbox"/> 15 Cocke		<input type="checkbox"/> 47 Knox		<input type="checkbox"/> 79 Shelby	
<input type="checkbox"/> 16 Coffee		<input type="checkbox"/> 48 Lake		<input type="checkbox"/> 80 Smith	
<input type="checkbox"/> 17 Crockett		<input type="checkbox"/> 49 Lauderdale		<input type="checkbox"/> 81 Stewart	
<input type="checkbox"/> 18 Cumberland		<input type="checkbox"/> 50 Lawrence		<input type="checkbox"/> 82 Sullivan	
<input type="checkbox"/> 19 Davidson		<input type="checkbox"/> 51 Lewis		<input type="checkbox"/> 83 Sumner	
<input type="checkbox"/> 20 Decatur		<input type="checkbox"/> 52 Lincoln		<input type="checkbox"/> 84 Tipton	
<input type="checkbox"/> 21 Dekalb		<input type="checkbox"/> 53 Loudon		<input type="checkbox"/> 85 Trousdale	
<input type="checkbox"/> 22 Dickson		<input type="checkbox"/> 54 McMinn		<input type="checkbox"/> 86 Unicoi	
<input type="checkbox"/> 23 Dyer		<input type="checkbox"/> 55 McNairy		<input type="checkbox"/> 87 Union	
<input type="checkbox"/> 24 Fayette		<input type="checkbox"/> 56 Macon		<input type="checkbox"/> 88 Van Buren	
<input type="checkbox"/> 25 Fentress		<input type="checkbox"/> 57 Madison		<input type="checkbox"/> 89 Warren	
<input type="checkbox"/> 26 Franklin		<input type="checkbox"/> 58 Marion		<input type="checkbox"/> 90 Washington	
<input type="checkbox"/> 27 Gibson		<input type="checkbox"/> 59 Marshall		<input type="checkbox"/> 91 Wayne	
<input type="checkbox"/> 28 Giles		<input type="checkbox"/> 60 Maury		<input type="checkbox"/> 92 Weakley	
<input type="checkbox"/> 29 Grainger		<input type="checkbox"/> 61 Meigs		<input type="checkbox"/> 93 White	
<input type="checkbox"/> 30 Greene		<input type="checkbox"/> 62 Monroe		<input type="checkbox"/> 94 Williamson	
<input type="checkbox"/> 31 Grundy		<input type="checkbox"/> 63 Montgomery		<input type="checkbox"/> 95 Wilson	
<input type="checkbox"/> 32 Hamblen		<input type="checkbox"/> 64 Moore		<input type="checkbox"/> Unknown TN	
Total Tennessee Residents					

Patient Residence, Non-Tennessee	Please check the state of residence and record the number of non-Tennessee resident patients from that state for patients who received services during the reporting period.			
	State	Number of Patients	State	Number of Patients
	<input type="checkbox"/> 01 Alabama		<input type="checkbox"/> 25 Mississippi	
	<input type="checkbox"/> 04 Arkansas		<input type="checkbox"/> 26 Missouri	
	<input type="checkbox"/> 11 Georgia		<input type="checkbox"/> 34 North Carolina	
	<input type="checkbox"/> 18 Kentucky		<input type="checkbox"/> 47 Virginia	
	<input type="checkbox"/> 55 Other state or country			
Total Non-Tennessee Residents				
Total Tennessee resident and non-Tennessee resident patients, which is the sum of Schedule E items Total Tennessee Residents + Total Non-Tennessee Residents and should agree with Schedule D Total unduplicated patients.				

Schedule F - Financial Data					
Record zero where appropriate. Leave the item blank if the value is unknown. Round to the nearest dollar. Do not include losses. Gross patient revenues are charges for patient care rendered during the reporting period. Adjustments to revenue are estimated additional receipts or required refund amounts due to estimated final settlements established by regulations or contracts. Net patient revenues are estimated net realizable fees charged to patients.					
Revenues	Source		Gross Patient Revenue	Adjustments to Revenue	Net Patient Revenue
	Government	Medicare	\$	\$	\$
		TennCare	\$	\$	\$
		Other	\$	\$	\$
		Total	\$	\$	\$
	Non-Government	Self-Pay	\$	(record adjustments below)	
		Insurance	\$		
		Other	\$		
		Bad Debt (uncompensated care for which the facility directly billed the patient and for which the patient should reasonably be expected to pay)		\$	
		Charity Care (services provided to medically needy persons for which the facility does not expect payment)		\$	
		Total	\$	\$	
	Total (Sum of Schedule F Government Total + Non-Government Total)		\$	\$	\$
	Expenses (exclude depreciation)	Type			Amount
Payroll (for full-time and part-time personnel included in Schedule G Total Personnel)			\$		
Benefits (social security, group insurance, retirement benefits, etc.)			\$		
Other Operating (contract staff, professional fees, energy expense, etc.)			\$		
Non-Operating (interest, taxes, real estate lease expenses, etc.)			\$		
Total			\$		

Schedule G - Personnel

Record zero where appropriate. Leave the item blank if the value is unknown. Full-Time - employees whose regularly scheduled work week is 40 hours or more. Full Time Equivalent (FTE) = Number of Hours worked by part-time employees per week / 40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be $(3 \times 20) / 40 = 1.5$.

Type of Employee	Type			Full-Time		Part-Time in FTE	
	Administrator						
	Medical Director						
	Financial						
	Physicians (M.D. & D.O)						
	Dentists						
	Nursing (R.N., L.P.N. & Ancillary Nursing)						
	Certified Nurse Anesthetists						
	Medical Records						
	Other						
	Total (Personnel referenced in Schedule F, Payroll)						

Nurses	Registered	Highest Education Level	Number Currently Employed (in FTEs)	Number of Budgeted Vacancies	Number to Be Added In the Next 12 Months	Number to Be Eliminated in the Next 12 Months	
						Clinical	Admin.
		Diploma					
		Associate					
		Bachelors					
		Masters					
		Doctorate					
		65. Total					

	Advanced Practice	Category	Number Currently Employed (in FTEs)	Number of Budgeted Vacancies	Number to Be Added in the Next 12 Months	Number to Be Eliminated in the Next 12 Months	Primary Role (Number of Positions)		
							Clinical	Admin.	
		Nurse Practitioner							
		Clinical Nurse Specialist							
		Certified Registered Nurse Anesthetist							
		Total							
		Licensed Practical	Number of Budgeted Vacancies		Number to Be Added in the Next 12 Months		Number to Be Eliminated in the Next 12 Months		

Nurses (continued)	Recruitment	Category		Number Currently Employed (in FTEs)	Number Added in the Last 12 Months	Average Time Required to Recruit
		Registered Nurses				
		Licensed Practical Nurses				
		Certified Nurse Aides				
		Other - Specify:				
		Other - Specify:				
	Contract	Category		Number of Contract Personnel	Number to Be Added in the Next 12 Months	Number to Be Eliminated in the Next 12 Months
		Registered Nurses				
		Licensed Practical Nurses				
		Certified Nurses Aides				

Schedule H – Medical Staff

Medical Specialty	Active - employed and practicing at the facility Associate - has privileges to practice at the facility but is not employed		
	Specialty	Total Number of Active Medical Staff and Medical Associates	Number of Active Medical Staff and Medical Associates Who Are Board Certified
	Abdominal Surgery		
	Anesthesiology		
	Cardiovascular Surgery		
	Colon and Rectal Surgery		
	Gastroenterology		
	General Surgery		
	Hand Surgery		
	Head and Neck Surgery		
	Neurological Surgery		
	Obstetrics		
	Obstetrics and Gynecology		
	Oncology		
	Ophthalmology		
	Orthopedic Surgery		
	Pediatric Surgery		
	Plastic Surgery		
	Podiatry		
	Thoracic Surgery		
	Urological Surgery		
	Other		
	88. Total		